

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

IND.      DEP.      IND.      DEP.      IND.      DEP.

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

IND.      DEP.      IND.      DEP.      IND.      DEP.

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TOTAL

IND.

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TOTAL

DEP.

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CLAIMS

12

TOTAL

IND.

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DEP.

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CLAIMS

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